FORM D

PROCESSED

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

3235-0076 OMB Number:

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16.00

APR 2 2 2008()

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY							
Prefix		Serial					
DATE RECEIVED							

Name of Offering (1) check if this is an a	mendment and name h	as changed, and indica	ate change.)		
Beamz Interactive, Inc. / Offering of Not	es, Warrants, and Se	ries B Warrants (eac	h as defined herein)	
Filing Under (Check box(es) that apply): Type of Filing: New Filing	☐ Rule 504 ☐ Amendment	☐ Rulc 505	☑ Rule 506	☐ Section 4(6)	□ ULOE
	A. I	BASIC IDENTIFICA	TION DATA		
1. Enter the information requested about the	ne issuer				
Name of Issuer (□ check if this is a	n amendment <mark>and</mark> nan	ne has changed, and in	dicate change.)		
Beamz Interactive, Inc.					
Address of Executive Offices 14350 North 87th Street, Suite 145, Sco	(1 ttsdale, AZ 85260	Number and Street, Cit	y, State, Zip Code)	Telephone Number (II 480-240-9470	ncluding Area Code)
Address of Principal Business Operations (if different from Executive Offices)		Number and Street, Cit	y, State, Zip Code)	Telephone Number (In Same	QEO.
Brief Description of Business Developer of music system				Bank	Waii Processing Section
Service of master system					APR 15 2008
Type of Business Organization Substitute Corporation	☐ limited partners	hip, already formed	Other (pleas	e specify)	· •
□ business trust	☐ limited partners	hip, to be formed			Washington, DC
Actual or Estimated Date of Incorporation	Mo or Organization: 0	nth Year 5 0 1		☐ Estimated	
Jurisdiction of Incorporation or Organizatio		S. Postal Service abbre da; FN for other foreig	viation for State:	DE	
GENERAL INSTRUCTIONS					08046760
Federal: Who Must File: All issuers making an offering of securiti	es in reliance on an exemption	under Regulation D or Sectio	n 4(6), 17 CFR 230.501 et:	seq. or 15 U.S.C. 77d(6).	
When To File: A notice must be filed no later than 15 day the SEC at the address given below or, if received at that a	s after the first sale of securit ddress after the date on which	ies in the offering. A notice is it is due, on the date it was m	deemed filed with the U.S illed by United States regis	i. Securities and Exchange Comn tered or certified mail to that addr	nission (SEC) on the earlier of the date it is received by
Where to File: U.S. Securities and Exchange Commission	450 Fifth Street, N.W., Wash	ington, D.C. 20549.			
Copies Required: Five (5) copies of this notice must be file	ed with the SEC, one of which	must be manually signed. Ar	ny copies not manually sign	ed must be photocopies of the ma	unually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all infor the information previously supplied in Parts A and B. Part	mation requested. Amendme E and the Appendix need not	nts need only report the name be filed with the SEC.	of the issuer and offering.	any changes thereto, the informat	ion requested in Part C, and any material changes from
Filing Fee: There is no federal filing fee.					

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the chim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the

SEC 1972 (5-05)

filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely,

l of 8

A BASIC TOENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

(, 's.)					
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				ividing i maive
Riopelle, Jerry					
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)		······································	
14350 North 87th Street, Suit			Ø F	☑ Director	☐ General and/or
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	ĭ Executive Officer	E Director	Managing Partner
Full Name (Last name first, if	individual)				
Gaumond, Michael					
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)			
14350 North 87th Street, Suit	a 145 Scottedala	4.7 857KN			
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or
Full Name (Last name first, if	individual)				Managing Partner
•	maryiduar)				
Gardner, Thomas F. Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)			
Check Box(ec) that Apply:		AZ 85016 Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or
Check Box(es) that Apply:	☐ Promoter	D Beneficial Owlief		EF Director	Managing Partner
Full Name (Last name first, if	individual)				
Mollo, Chartes					
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)			
11394 East Helm Drive, Scot	tsdale, AZ 85255				
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)	· · · · · · · · · · · · · · · · · · ·			
Furgerson, Joseph					
Business or Residence Addres	s (Number and Stre	eet, City, State, Zip Code)			
1104 North Sage Court, Sun	naziala CA 04087				
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first, if	individual)				Managing Partner
	•				
Jensen, Dale Business or Residence Addres	s (Number and Stre	eet City State Zin Code)			
/	o (Maniota and Dat	out, out, outle, sup outle,			
4021 East Lamar Road, Par	ndise Valley, AZ 8				· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Burns, Thomas					
Business or Residence Addres	s (Number and Stre	et, City, State, Zip Code)			
Hong Kong Park View, Tow	er 17 Apartment ()	693 88 Tai Tam Reservoir I	Road Hone Kone China		
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first, if	individual)			· · · · · · · · · · · · · · · · · · ·	Managing Partner
	•				
Gunderson, Sean Business or Residence Addres	s (Number and Stee	et City State 7 in Code\			
ensures of restreme Addies	o (reminer) and 300	an, ony, state, sip code)			
2214 East San Juan Avenue,					
	(U	se blank sheet, or copy and us	e additional copies of this shee	t, as necessary.)	

- 2. Enter the information requested for the following:
 - · Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first, if	individual)				Managing Partner
Zoltan, Laszlo					
Business or Residence Addres	s (Number and Street	, City, State, Zip Code)		<u></u>	
12990 Guacamayo Court, Sa	n Diego, CA 92128				
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Flowers, Robert A.					
Business or Residence Addres	s (Number and Street	, City, State, Zip Code)			
335 Barn Hill Road, West Cl				 _	
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				·
Furgerson Living Trust Business or Residence Address	Number and Street	City State 7 in Code)			
		, City, State, Zip Code)			
1104 North Sage Court, Sun: Check Box(es) that Apply:	nyvale, CA 94087	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first, if					Managing Partner
	·				
Oak Stream Investors II, Ltd Business or Residence Address		, City, State, Zip Code)			
200 Crescent Court, Suite 16	AA Dallas TX 75201				
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
TM-07 Investments, L.L.C.					
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
11394 East Helm Drive, Scot	tsdale, AZ 85255				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Sullivan, Pat	<u></u>		· · · · · · · · · · · · · · · · · · ·		
Business or Residence Address	(Number and Street	, City, State, Zip Code)			
14350 North 87th Street, Suite		85260			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if i	individual)		- ·· ·		
Business or Residence Address	Number and Street	City State Zin Code)			
	, (Transon and Bucon	city, bane, zip code,			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	(Number and Street	City State 7 in Code)	·		
	((annoci and succi,	. Ony, June, 21p Code)			
	/I Ica	blank cheet or convered us	e additional copies of this shee	t oc necessary)	·

A. A.		2 4 45	rije, ki i	B	. INFORMA	TION ABO	ÚT OFFERI	NG FACES			Yes	No No
1 Has the	e issuer sold	or does the	issuer inter	nd to sell to	non-accred	ited investor	rs in this off	ering?		•••••		INU INU
i. iiasun	. 133aci 501a	, or does are			ppendix, Co							
2. What is	s the minim	um investm			• •		_				\$ <u>N</u>	one
2. What is the minimum investment that will be accepted from any individual?									Yes	No		
3. Does the offering permit joint ownership of a single unit?												
4. Enter the information required for each person who has been or will be paid or given, directly or indirectly, any commission												
or simi	lar remuner	ation for so	licitation of	purchasers	in connection	on with sale:	of securiti	es in the off	ering. If a	person to be		
										ist the name		
						are associat	ed persons o	of such a bro	oker or deal	er, you may		
set ion	th the inform	nation for th	at proker or	dealer only.	•							
Full Name (I	Last name fire	st, if individu	ni)						· · · · · · · · · · · · · · · · · · ·			
					NO	T ABBI ICA	DI P					
Business or I	Residence Ad	ldress (Numb	er and Street.	City, State, 2		<u>T APPLICA</u>	DLE					•
		(,	,,, -								
Name of Ass	sociated Brok	as as Danlas		<u>.</u>								
Name of Ass	socialed Brok	er or Dealer										
				. ·								
	ich Person Li				Purchasers							5 48 6
	Il States* or c		-						CTT 3			All States
[AL] [IL]	[AK] [IN]	[AZ] [lA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	(CT) [ME]	(DE) (MD)	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
(MT)	(NE)	[NV]	(NH)	[KI]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	້[ບາງ	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	Last name firs			City, State, Z	ip Code)							
							•					
	sociated Brok	er or Dealer										
•												
States in Wh	ich Person Li	sted Has Soli	cited or Intend	ls to Solicit F	urchasers							
(Check "Al	II States" or cl	heck individu	al States)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[D]
(IL) [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	(MA) [ND]	[MI] [OH]	[MN] [OK]	(MS) (OR)	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[ບາງ	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)
												
Full Name (1	ast name firs	t, if individua	1)									
Business or F	Residence Ad	dress (Numbe	er and Street, (City, State, Z	ip Code)							
Share												
Name of Ass	ociated Broke	er or Dealer										
States in Wh	ich Person Lis	sted Has Solin	ited or Intend	ls to Solicit P	urchasers							
	I States" or cl											🗆 All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	(DC)	[FL]	[GA]	ГНЛ	
[IL]	[IN]	[IA]	[KS]	(KY)	[LA]	(ME)	[MD]	(MA)	[MI]	[MN]	(MS)	(MO)
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	(ND)	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[און	[TX]	ហ្វ្រា	[VT]	[VA]	[WA]	{WV}	[WI]	[WY]	(PR)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this botal and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	K /				
	Type of Security	Aggr Offerin		4	Amo	unt Aiready Sold
	Debt	\$ 2,500,000	_	·	1 750	0,000 ⁽²⁾
	Equity	\$ <u>2,500,000</u>		٠ <u>-</u>	1,/50	,000
	□ Common □ Preferred	•		•_		
	Convertible Securities (including Warrants)	s	`	\$		(3)
	Partnership Interests	\$		\$		_147
	Other (Specify)	\$		S		
	Total	\$ 2,500,000	n(1)	•	1 750	,000 ⁽²⁾
	1 7 100	# <u>########</u>		-	21/20	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	;	Number Investor		Dol	aggregate lar Amount Purchases
	Accredited Investors	***************************************	9	_	S 1.	750,000 ⁽²⁾
	Non-accredited Investors.	•••••	-0-			-0-
	Total (for filings under Rule 504 only)		N/A	_	s	N/A
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.					
	To a for the		Type of		Do	llar Amount
	Type of offering		Security		•	Sold
	Rule 505		N/A	-	;—	N/A
	Regulation A		N/A	-	ş	N/A
	Rule 504		N/A	-	3	N/A
	Total		N/A	-	•—	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is no known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees	; t			s _	
	Printing and Engraving Costs				S _	
	Legal Fees			×	s _	25,000
	Accounting Fees	•••••••	•••••		S _	
	Engineering Fees				\$_	
	Sales Commissions (specify finders' fees separately)	••••••			S _	
	Other Expenses (identify) Blue sky filing fees			X	\$_	3,000
	Total	••••••	************	X	S _	<u> 28,000</u>
East Not agg	The Issuer is offering (the "Offering") to investors (each, a "Lender") an aggregate of \$2,500,000 in princip th Lender will also receive a warrant to purchase a number of shares of the Issuer's Common Stock equal to te multiplied by two (collectively, the "Warrants"). In addition, the holders of the Issuer's Series B Preferro pregate of 779,599 shares of the Issuer's Common Stock (the "Series B Warrants"). This Form D is intended preferred the shares of the Issuer's Series B Preferred Stock issuable upon exercise of the Notes and the I	o 30% of the d Stock will to cover th	e principal : I receive wa e Notes, the	mot rran : Wa	int of its to rrant	f such Lender's purchase an ts, the Series B

COTTERING PRICE NUMBER OF INVESTORS EXPENSES AND USE OF PROCEEDS.

4 of 8

(2) Represents the aggregate principal amount of Notes issued in the initial closing of the offering (the "Initial Closing").

(3) An aggregate of 1,050,000 Warrants and 779,599 Series B Warrants were issued in the Initial Closing.

the Warrants and the Series B Warrants.

	b. Enter the difference between the aggregate Question 1 and total expenses furnished in respon				·		
	the "adjusted gross proceeds to the issuer."					\$ 2,472,000	
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b. above.						
				Payments to Officers, Directors & Affiliates		Payments to Others	
	Salaries and Fees			\$	_ 0	\$	
	Purchase of real estate	***************************************		\$	_ 🗅	\$	
	Purchase, rental or leasing and installation of machi-	nery and equipment		\$		\$	
	Construction or lease of plant buildings and facilitie	S		s	_ 0	\$	
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger)	or securities of another		•	۵	•	
	Repayment of indebtedness			S		\$	
	Working capital		0	S		\$ 2,472,000	
	Other (specify)		_	<u> </u>		<u> </u>	
					_		
				\$		\$	
	Column Totals			S <u>-0-</u>	_ 🗵	\$ 2,472,000	
	Total Payments Listed (column totals added)	***************************************		⊠ \$ <u>2</u> ,	472,000		
श्रेषक के किस्ट के करका है। इस के किस्ट के किस्			this is consider	T. M. L. C. C. C. S. L. C. L.	Nacon Chielvic		
		D) DADA SANSIGASANDRA			1.44	<u> </u>	
	r has duly caused this notice to be signed by the constitutes an undertaking by the issuer to furnish						
	on furnished by the issuer to any non-accredited inve				witten ic	quest of its start, and	
Issuer (P	rint or Type)	Signature				Date/	
-	Interactive, Inc.	MXans	MI	mx		17/1/100/	
	Signer (Print or Type)	Title of Signer (Print or Ty	ne)	1-01		194	
	Gaumond	President and Chief Exec	• •	Officer			
		1 1 Content and Chief Exec	.uuye \				

A CONFERING PRICE NUMBER OF INVISIORS UNDERSEAND USE OF PROCEEDS AND ASSESSMENT OF THE PROCEED ASSESSMENT OF THE PROCEED ASSESSMENT OF THE PROCEED ASSESSMENT OF THE PROCEED AND ASSESSMENT OF THE PROCEED ASSESSMENT OF TH

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)